

## Scheduled Inventory and/or Vacation Shutdown Questionnaire - Employer

### Claimant Information:

Last Name: First Name: MI:

SSN: Employer Account #:

Employer Name:

Under Section 610A of the Illinois Unemployment Insurance Act, an individual who receives payment for an inventory and/or vacation shutdown is ineligible for benefits for the period covered by that payment. Please provide information about this payment to determine the claimant's eligibility for benefits.

Please complete, sign and return this questionnaire to the Illinois Department of Employment Security Office as instructed. *If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.*

This state agency is requesting information that is necessary to accomplish the statutory purpose as outlined in 820 ILCS 405/100-3200. Disclosure of this information is voluntary. However, failure to disclose this information may result in the erroneous payment of Unemployment Insurance benefits which may affect the amount of your liability for contributions or payments in lieu of contributions.

Thank you for your cooperation in this matter.

### Section A: Inventory and/or Vacation Shutdown Information

Did the claimant or will the claimant receive vacation pay from you? Yes No  
If Yes, provide information about the employer who will make this payment and answer the remaining questions on this form.

Employer Name:

Address 1: Address 2: (Apt., Floor, Suite, etc.)

City: State: Zip Code:

Employer Telephone Number: ( ) -

What is the reason for separation from this employer? (Check all that apply. If other please explain)	Inventory Voluntary Leave	Vacation Other:	Layoff	Discharge
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If the separation is due to inventory or vacation shutdown, did the employer announce this period of shutdown? Yes No

If Yes, enter the date notice was provided. / /

What is the period the vacation pay is being applied? From: / / To: / /

Gross Amount of Vacation Pay Received \$

What is the claimant's rate of pay? \$ Per (Select One) Hour Week Month Year  
Other(Explain)

What are the claimant's normal work hours per day? Hrs/Day

How many days per week does the claimant normally work? Days/Wk

If the separation is for inventory or vacation shutdown, what is the claimant's return to work date? / /

Is the claimant receiving plant shutdown pay from any other employer? Yes No

Did the claimant or will the claimant receive holiday pay after his/her last day worked? Yes No

### Section B: Signature

Signature: Date: / /

Name (printed): Telephone Number: ( ) -

Title: Extension: